



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3201

SERIAL NUMBER 10/791,592	FILING DATE 03/01/2004 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 02307K-085042US
-----------------------------	---------------------------------------	--------------	------------------------	----------------------------------------

APPLICANTS

Israel R. Charo, San Francisco, CA;
 Shaun R. Coughlin, Tiburon, CA;

**** CONTINUING DATA *******

This application is a CON of 09/625,573 07/25/2000 PAT 6,730,301
 which is a CON of 08/446,669 05/25/1995 PAT 6,132,987
 which is a 371 of PCT/US95/00476 01/11/1995
 which is a CIP of 08/182,962 01/13/1994 ABN

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------	-------------------------	-----------------------	----------------------------

ADDRESS
 20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
 TWO EMBARCADERO CENTER
 EIGHTH FLOOR
 SAN FRANCISCO, CA
 94111-3834

TITLE
 MCP-1 receptor antibodies

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------